

Patent

Attorney Docket No. GEMS8081.040

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PORTABLE ECG DEVICE WITH WIRELESS COMMUNICATION INTERFACE TO REMOTELY MONITOR PATIENTS AND METHOD OF USE**

SPECIFICATION IDENTIFICATION

the specification of which:

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____, 2000 as ☐ Serial No. _____ or ☐ Express Mail No., as Serial No., not yet known, and was amended on (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- ☒ which is material to patentability as defined in 37, Code of Federal Regulations, §1.56
- ☒ and which is material to the examination of this application namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent.
- ☐ In compliance with this duty there is an information disclosure statement in accordance with 37 CFR 1.98 herein attached.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- ☒ No such applications have been filed.
- ☐ Such applications have been filed as follows:

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119**

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(3) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER**FILING DATE**

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached
ADDED PAGES TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-
IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION**

- ☒ No such applications have been filed.
☐ Such applications have been filed as follows:

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
			<input type="checkbox"/> YES <input type="checkbox"/> NO

POWER OF ATTORNEY

I hereby appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

James F. Boyle
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- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full name of first Inventor

Donald Eugene Brodnick

Inventor's signature

Donald Eugene Brodnick
Donald Eugene Brodnick

Date _____

9-Aug-2000

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Inventor's signature

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■ This declaration ends with this page

1. The first step is to identify the problem. This involves understanding the current situation and the goals that need to be achieved.